

VERIFICATION OF EMPLOYMENT AS AN ADMINISTRATOR

1. PERSONAL INFORMATION

Applicant's Full Legal Name: _____

Social Security Number: _____ - _____ - _____

2. EMPLOYING AGENCY

Title of Administrative Position _____

Date Initial Employment in an Administrative Position is to begin _____

Name of Employing Agency _____

Mailing Address _____

City _____ State _____ ZIP _____

County of Employment _____

Telephone () _____ - _____

Name of Immediate Supervisor _____

Position _____

Signature of Employer or Designee

Date

Printed Name of Employer or Designee

Title

3. TENTATIVE PLAN FOR DEVELOPING THE INDIVIDUALIZED INDUCTION PLAN

Mentor Tentatively Assigned to Credential Holder _____

Position of Mentor _____

Employing Agency _____

Institution Tentatively Selected for Development of Individualized Induction Plan and

Completion of Professional Level Program _____

I am aware that I must develop an Individualized Induction Plan during my first year of employment as an administrator.

Signature of Applicant

Date